

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation11/09/2024 11:44
JOB-NO: 50116363**OWNER'S PARTICULARS**NAME: CityCab PTE LTD (Fleet)
ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0CONTACT: 65533880
64739522

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VEHICLE DETAILSLICENSE NO: SHD8596D
MAKE / MODEL: HYUNDAI / i40
OWNER'S INSURER: MS First Capital Insurance Limited
JOB-CODE: TP

TRANS: AUTO

SA: Ding Auto User 1

CHASSIS: KMHLB41UMGU093835
ENGINE: D4FDHU731303**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
LABOUR							
1 STRAIGHT AND PANEL BEAT ACCIDENT AREA	1.00	700.00	0.00	700.00		Y	<u>400</u>
2 SUNDRIES	1.00	50.00	0.00	50.00		Y	<u>20</u>
3 RUST PROOFING	1.00	80.00	0.00	80.00		Y	<u>40</u>
4 DIAGNOSTIC(CLEAR FAULT CODE) & CHECK WIRING & LIGHTING SYSTEM	1.00	180.00	0.00	180.00		Y	<u>80</u>
5 R&R RADIATOR & CONDENSOR & TURBO INTERCOOLER	1.00	150.00	0.00	150.00		Y	<u>X</u>
6 VACUUM & TOP UP AIR COND GAS R-134A	1.00	120.00	0.00	120.00		Y	<u>X</u>
7 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	<u>200</u>
8 RESPRAY FRONT FENDER RH	1.00	250.00	0.00	250.00		Y	<u>200</u>
TOTAL:		1,780.00	0.00	1,780.00			
MATERIALS							
1 FRONT BUMPER <i>de</i>	1.00	599.68	119.94	479.74	L	Y	
2 FRONT BUMPER RETAINER RH <i>?</i>	1.00	48.32	9.66	38.66	L	Y	
3 FRONT FENDER RH <i>hm</i>	1.00	659.50	131.90	527.60	L	Y	
4 FRONT SUPPORT PANEL <i>X</i>	1.00	962.87	192.57	770.30	L	Y	<u>X</u>
5 FRONT BUMPER CLIP SET <i>m</i>	1.00	45.00	0.00	45.00	S	Y	<u>30</u>
6 RADIATOR COOLANT <i>X</i>	1.00	60.00	0.00	60.00	S	Y	<u>X</u>
TOTAL:		2,375.37	454.07	1,921.30			
TOTAL PARTS & LABOUR :		4,155.37	454.07	3,701.30			

EXCESS/LOADING:\$ 0.00

No. Of Day: 4 daysRE-SURVEY: BEFORE AFTER PAINTING
PART-BY-PART OR LUMP SUM: \$DATE OF SURVEY: 16 / 09 / 24SURVEYED BY: RasulCONTACT NO: 90010068 FAX NO: _____NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED
60190078
Ding Auto User 1

ITEM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
ESTIMATOR							
STA AUTOCENTRE							
TEL:		FAX:					

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed.
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
This Form must be completed by the Policyholder and/or the Actual Driver.
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
Any false reporting may be referred to the Police for investigation.
5. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	07/09/2024 15:31 (SGT)
Reported by	Actual Driver
Date of Accident	07/09/2024 07:50 (SGT)
Exact Location of Accident	10 Marsiling Rd, Singapore 739109
Additional Location Information	PETROL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8596D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-85884532
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	1.7 CRDI F/L AT ABS AIRBAG 4DR
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1685
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHLB41UMGU093835
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101860MFCT

DRIVER

er	SEAH TIAM KWEE
.....	SXXXX904D
th	12/04/1959
on	Outdoor
Pass Date	01/07/1983
License Pass Class	3
g License Validity	Valid
g experience	41 YEARS AND 2 MONTHS
der	Male
Mobile Number	(Phone) +65-85884532
t. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 329 CLEMENTI AVENUE 2#07-238
Address complement	-
Postcode	120329
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 07/09/2024 AROUND 0750HRS I WAS RESTING IN MY PARKED VEHICLE (A) BEARING REGISTRATION NUMBER (SHD8596D) INSIDE AT MARSILING SHELL PETROL STATION. SUDDENLY VEHICLE (B) BEARING REGISTRATION NUMBER (QX3157J) HIT ONTO MY RIGHT FRONTAL PORTION BY TAKING REVERSED. I WAS INJURED DURING THIS INCIDENT AND I MIGHT GO AND SEE A DOCTOR SOON.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Registration Number	QX3157J
Manufacturer	Toyota
Model	RAV4 2.0 (AUTO) [T5]
Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEAH TIAM KWEE
Gender	Male
Phone No	(Phone) +65-85884532
Address	329 CLEMENTI AVENUE 2#07-238
Address Complement	-
Post Code	120329
Approximate Age Years Old	65
Injuries Sustained	INJURIES
Injured person in which vehicle?	SHD8596D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
 - (ii) Investigating the accident and/or my claims.
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (Collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

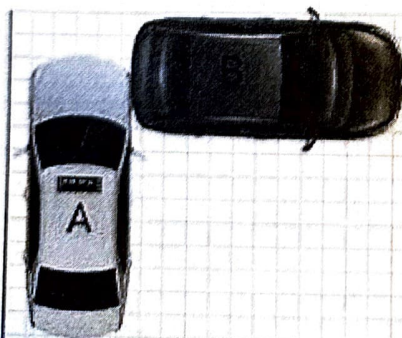
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



MARSILING SHELL PETROL STATION
A:SHD8596D
B:QX3157J

Describe Circumstances of the Accident

ON THE 07/09/2024 AROUND 0750HRS I WAS RESTING IN MY PARKED VEHICLE (A) BEARING REGISTRATION NUMBER (SHD8596D) INSIDE AT MARSILING SHELL PETROL STATION. SUDDENLY VEHICLE (B) BEARING REGISTRATION NUMBER (QX3157J) HIT ONTO MY RIGHT FRONTAL PORTION BY TAKING REVERSED. I WAS INJURED DURING THIS INCIDENT AND I MIGHT GO AND SEE A DOCTOR SOON.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

Message

Please note that the 9-year COE for this vehicle cannot be further renewed. The vehicle must be deregistered once the COE expires, or when it reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 16 Sep 2024

Company

839G

SHD8596D

Yes

16 Sep 2024

HYUNDAI

I40 1.7 CRDI F/LAT ABS AIRBAG 4DR

Yellow

2016

D4FDHU731303

KMHLB41UMGU093835

100.0 kW (134 bhp)

\$18,766.00

15 Sep 2016

15 Sep 2016

0

\$18,766.00 Y6U

Yes

14 Sep 2025

\$10,321.00

14 Sep 2025

A - Car up to 1600cc & 97kW (130bhp)

9

\$48,006.00

\$5,312.00

\$15,633.00

OK